

18th MEDCOM Facilities Policies and Procedures

This Policies and Procedures manual will be updated continually to reflect necessary change, and will be fully reviewed annually. The most recent revision will be accessible from the 18th MEDCOM DCSFAC webpage and on the common Outlook folder.

Last revision date: 23 January 2004

Reviewed and approved by the Safety and Environment of Care Committee - Date:

Table of Contents

<u>Subject</u>	<u>Paragraph</u>	<u>Page</u>
Forward.....	1.....	3
Purpose	1a.....	3
Applicability.....	1b.....	3
Mission (DCSFAC)	1c	3
Organization (DCSFAC)	1d	3
Functions (DCSFAC)	1e	4
Definitions	1f	7
Responsibilities.....	2.....	8
Installation Status Reporting	3.....	8
Command Inspection Program	4.....	9
Building Management		
Category 500 buildings	5a	9
Non-Category 500 series buildings	5b	10
Work Order Procedures for Category 500 Buildings.....	6	11
Healthcare facility project funding	7	12
Project management.....	8	12
Acquisition management.....	9.....	12
Space management.....	10.....	13
Wall, door, and furniture information display policy	11.....	14
Self-help projects	12	14
Building utility systems & energy management policy ...	13.....	14
Convenience Generators	14.....	15

<u>Subject</u>	<u>Paragraph</u>	<u>Page</u>
Inventory and accountability of real property	15.....	15
Damage to buildings	16.....	16
Snow and ice removal	17.....	16
References	18	16

<u>APPENDICES:</u>	<u>Page</u>
A. Operations and Maintenance Contractor Notification Procedures	18
B. DPW Work Order Status Phone Numbers	19
C. DA FORM 4283 (FEWR) Preparation Instructions	20
D. 18 th MEDCOM Controlled SPACE Request	21
E. Wall, Door, and Furniture Information Display Policy	24
F. Project Management	26
G. DCSFAC CIP Check List	28

1. **Forward.**

a. **Purpose.** The purpose of this policy and procedures manual is to provide each Unit Commander and Building Managers a ready reference which outlines the 18th MEDCOM facility policies and procedures and outlines the services provided by, DCofS Facilities, (DCSFAC) 18th MEDCOM.

b. **Applicability.** This SOP is applicable to all 18th MEDCOM units throughout EUSA. This SOP is intended as a guide to Unit Commanders and Building Managers.

c. **DCSFAC Mission.** The primary mission of DCSFAC is to provide professional health care facility management and engineering services, transformation planning guidance and direction, and assistance to the Commander and Staff of 18th Medical Command.

(1) Provide guidance and oversight for the implementation of a preventive maintenance and utilities management programs in accordance with criteria established by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO).

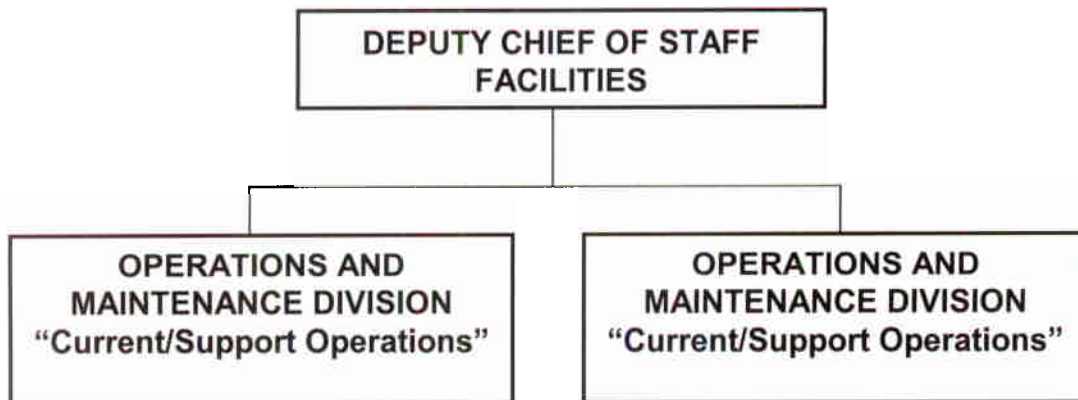
(2) Develop future construction requirements, to include minor construction, renewal and Major Military Construction (MILCON), Host Nation Funded Construction (HNFC).

(3) Monitor and coordinate the development of medical facility design, construction and equipment installation. Assist in the implementation of construction throughout the Republic of Korea.

(4) Command advisor for health facility planning and life cycle management in Korea and Facility Director for health facility sustainment, restoration and modernization (SRM). Mission scope spans real property facilities and contingency operations medical facilities.

d. **DCSFAC Organization.** See the DCSFAC organization chart and contact numbers below:

ORGANIZATION



Deputy Chief of Staff, Facilities (Brigade Engineer)	DSN 736-7023
Deputy Director of Facilities	736-6050
Chief, Operations & Maintenance Division.....	736-5021
DMLSS Administrator.....	736-6063
Engineering Technician	736-5603
Facilities Project Manager.....	736-5451
FAX.....	736-5049

e. **DCSFAC Functions.** DCSFAC is the primary point of contact for all 18th MEDCOM facility management issues. The DCSFAC is the 18th Medical Command's interface between 18th MEDCOM units, the Operations and Maintenance (O&M) Contractor, the servicing local Directorate of Public Works (DPW), the Corp of Engineers (COE) Far East District (FED), Eight United States Army (EUSA) Engineer, higher headquarters, or other agencies, as required.

(1) DCSFAC performs the following functions:

(a) Provides staff supervision for all facilities activities for the 18th MEDCOM.

(b) Advises the commander and on facility planning, programming, maintenance construction and engineering matters.

(c) Serves as Medical Facilities Staff Officer for the USFK/EUSA Surgeon.

(d) Serves as the Regional Facility Director. Represents the 18th MEDCOM at USAMEDCOM Board Of Director (BOD) meetings.

(e) Represents the 18th MEDCOM in Theater Master Plan Army (TMP-A), Land Partnership Plan (LPP), Future Of The Alliance (FOTA) and all transformation activities.

(f) Programs, budgets and executes facility funding programs (SRM, MILCON, Transition, Initial Outfitting and O&M).

(g) Coordinates with Assistant SECDEF (Health Affairs); Tricare Management Activity (TMA); Health Facility Planning Agency (HFPA); MEDCOM Assistant Chief of Staff for Installations, Environment, and Facility Management (ACSIEM); Eighth Army G3 Force Modernization Division; Eighth Army Deputy Chief of Staff for Engineering (DCSENG); Installation Management - Korea Regional Office (KORO), and the Corps of Engineers Far East District (FED) to ensure program and project support.

(h) Manages the 18th MEDCOM facility Life Cycle Program to include commissioning maintenance, repair, and replacement activities for all 18th MEDCOM facilities. Manages real property maintenance activities budget.

(i) Chairs the Work Control Committee (WCC) which reviews and prioritizes all new work requests. Provides guidance and technical support on the proper format and content of all new work requests.

(j) Ensures safe, reliable and cost-effective facility sustainment IAW JCAHO, DOD Health Facility Criteria and relevant building codes.

(k) Participates in the 18th MEDCOM Organizational Inspection Program conducting Command Inspections, Staff Inspections and Staff Assistance Visits in functional areas of responsibility.

(2) Operations and Maintenance Division:

(a) Manages/oversees the peninsula-wide Operations & Maintenance (O&M) contract for Medical Category 500 buildings. Ensures buildings are repaired and maintained per the terms of the contract.

(b) Provides technical assistance and guidance to subordinate units in facility management, operations and maintenance of medical and support activities.

(c) Monitors facility management and maintenance standards of performance. Collects, monitors and reports performance for Review and Analysis as needed by OTSG and 18th MEDCOM,

(d) Provides functional guidance and assistance for mechanical and automated facility management systems. (Defense Medical Logistics Standard Support automated information system Facility Management DMLSS-FM).

(e) Monitors and evaluates facility conditions, prioritizes Sustainment projects and assists in prioritization of Restoration and Modernization projects.

(f) Provides assistance to subordinate units regarding DPW support

(g) Manages completion and submission of Installation Status Reports.

(h) Provides quality assurance and commissioning support for all 18th MEDCOM projects. Assists subordinate units with monitoring progress of SRM and Operations and Maintenance (O&M) projects. Assists subordinate units with execution of warranty issues.

(i) Participates in the Integrated Healthcare Organization Environment of Care Committee.

(3) Project Integration Division:

(a) Plans for contingencies by coordinating wartime facility requirements for deploying units to include sighting, utilities, and construction requirements.

(b) Ensures current and relevant asset management tools, including health services area requirements analysis and accompanying master plans, accurate facility inventories and facility condition assessments. Updates medical master plan.

(c) Plans, programs, develops, and assists in prioritization of all projects involving the various funding streams. (OMA, DHP, MILCON, LPP, TMP-A, Yongsan relocation, Global War on Terrorism etc.) Assists subordinate unit in planning, programming and developing projects.

(d) Coordinates with subordinate unit commanders and staff to prioritize project requirements and develop future year facility programs.

(e) Manages physical space requirement and assets. Resolves space utilization problems within the command. Recommends space utilization to the Commander.

(f) Serves as master planner for the 18th MEDCOM, representing the command at engineering and installation planning board meetings. Updates planning documents as necessary.

(g) Develops and manages acquisition and contracting mechanisms to diversify the methods of accomplishing facilities work for the command.

(h) Coordinates with external agencies for project approval and funding.

(i) Action officer for TMP-A, LPP, FOTA and transformation. Updates all 18th MEDCOM associated plans as appropriate. Provides input to Eighth Army, KORO and HFPA plans.

f. **Definitions.** Definitions, as contained in paragraph 1-3, AR 420-10, for maintenance and repair, and paragraph 1-3, AR 415-35, for alteration and construction, are provided your information.

(1) Maintenance: Maintenance is the work required to preserve or maintain a facility in such condition that it may be effectively used for its designated function purpose. Maintenance includes work done to prevent damage which would be more costly to restore than to prevent. Maintenance includes work to sustain existing components. Examples of maintenance include: Drive belt replacement, Light bulb replacement, Filter change-outs, HVAC control adjustments, Oil changes, Refastening loose equipment, Re-adjusting equipment, Re-sealing doors, windows and siding.

(2) Minor Repair: Repair is the restoration of a facility to such condition that it may effectively be used for its designated functional purpose. Repair may be overhaul, reprocessing, or replacement of deteriorated component parts or materials.

(3) Major repair: The work required to adjust interior arrangements or other physical characteristics of an existing facility or relocation within an installation, so that it may be more effectively adapted to or utilized for the presently designated purpose is classified as an alteration. This includes equipment installed in and made a part of an existing facility. Additions, expansion, and extensions are not included in alterations.

(4) New Work: The erection, installation, or assembly of a new facility; the addition, expansion, extension, alteration, conversion, or replacement of an existing facility; or the relocation of a facility from one installation to another is classified as New Work. This includes installed equipment made a part of such facilities, related site preparation, excavation, filling, and landscaping, or other land improvement.

2. Responsibilities.

a. Commander's of the 121 GH, 168th ASMB, 52nd MED BN, 16th MEDLOG BN, 618th Dental Company, and VETCOM will:

(1) Designate an individual as the Unit Facility Coordinator. This individual will be the point of contact for all Unit facility issues. Normally this individual is the unit S-4. This individual will be appointed on orders by the Commander with a copy maintained on file.

(2) Participate, in person or by designated representative, in the tri-annual Construction Requirements Review Committee.

b. Facility Coordinator will:

(1) Serve as the Unit's Facility Coordinator. Coordinate all subordinate unit responses to DCSFAC facility related taskers.

(2) Ensures a Building Manager is appointed on orders for all assigned buildings and maintains a consolidated building manager list.

(3) Ensures a building energy monitor for assigned facilities. Use EUSA REG 700-1 to ensure that facilities are complying with EUSA energy management requirements.

(4) Submit all project and new work requests over \$2,000 to the 18th MEDCOM DCSFAC. Maintain records on all subordinate unit projects or new work under \$2,000. Ensure that projects meet the Life Safety Code (NFPA 101) Requirements. If assistance is required contact the 18th MEDCOM DCSFAC.

(5) Ensures a unit representative attends the weekly work control committee meeting, either in person or by teleconference.

c. The Building Manager is the primary interface between the O&M Contractor, the local Directorate of Public Works (DPW), and the supporting Area Support Agency(ASA). The Building Manager will be responsible for building management.

3. **Installation Status Reporting (ISR):** The ISR is designed to give installations, ASG's, Major Reporting Organizations, and Headquarters Department of the Army (HQDA) a macro-level overview of the environmental status of Army installations. All assigned Unit of the 18th MEDCOM will participate in the Eight United States Army Installation Status Reporting process. The Korean Resident Office (KORO) of the Total Installation Management Agency is the proponent that will spearhead this effort. Normally ISR is

completed during the February/March time-frame. The local installation environmental coordinator will facilitate the assessment of buildings and collection of ISR information. 18th MEDCOM units will also provide a copy of their ISR input to the 18th MEDCOM DCSFAC.

4. Command Inspection Program: Major subordinate Commands of the 18th MEDCOM will participate in the facilities portion of the 18th MEDCOM CIP. Inspectable areas are engineer plans, operations, and services, facilities planning and utilization, and facilities energy management. The requirements can be found in (APPENDIX I to Eight US Army PAM 1-201). Facilities management for category 500 and non-category 500 facilities is also included in the CIP and the requirements can be found in Appendix G of this document.

5. Building Management.

a. Category 500 Series Buildings.

(1) Submit all work orders in accordance with paragraph 6 below.

(2) Submit all project and new work requests less than \$2,000 to the Unit Facility Coordinator using the Memorandum format. The request shall be prepared in sufficient detail so as to completely describe the work needed (include sketches where applicable), provide a detailed justification stating why the work is needed.

(3) Submit all project and new work requests to Unit Facility Coordinator. The unit facility coordinator will approve or disapprove requirements costing \$2000 or less. The unit facility coordinator must ensure propose projects meet NFPA and JCAHO standards. For projects costing over \$2000 the unit facility coordinator will prioritize the units requirements and forward them to the 18th MEDCOM DCSFAC. DA FORM 4283 will be used to submit project and new work requests over \$2,000. All 18th MEDCOM requests will be consolidated at DCSFAC then reviewed and prioritized by the Work Control Committee (WCC). The request shall be prepared in sufficient detail so as to completely describe the work needed (include sketches where applicable), provide a detailed justification stating why the work is needed, and a statement describing what will happen if the work is not accomplished. The justification will be used to evaluate the need for the work and authority for accomplishment of the work. The description of work will also be used by O&M contractor to develop cost estimates. Insufficient information will result in delay in processing. Insufficient justification may result in disapproval of the request. See appendix C for DA Form 4283 instructions.

(4) Refer any questions regarding Category 500 building problems to Chief, Operations & Maintenance Division, DCSFAC, 18th MEDCOM.

(5) Maintain the facility in compliance with local fire protection and fire prevention criteria established by the local Installation Fire Marshall. Fire prevention inspections and Fire Marshal and Fire Warden orientation are conducted by the local DPW Fire Prevention and Protection Division.

(6) Monitor custodial services. If there is not a designated housekeeping supervisor assigned to the facility, inspect the facility for conformance with the custodial contract. Maintain a current copy of the custodial contract on file.

(7) Monitor refuse collection and disposal. The local DPW shall be contacted to resolve any problems regarding refuse collection service.

b. Non-Category 500 Series Buildings.

(1) Maintain a log of all service orders and Facilities Engineering Work Requests (FEWR's), DA Form 4283, submitted to the local DPW. This is extremely important because it is the only way that the unit is able to track a service order or project. When the status of work requests is desired, route request thru the local DPW. See appendix B for DPW contact information.

(2) Prepare all Facilities Engineering Work Requests (FEWR's), DA Form 4283, for submission to the local DPW. The request shall be prepared in sufficient detail so as to completely describe the work needed (include sketches where applicable), provide a detailed justification stating why the work is needed, and a statement describing what will happen if the work is not accomplished. The justification will be used to evaluate the need for the work and authority for accomplishment of the work. The description of work will also be used by DPW to develop cost estimates. Insufficient information will result in delay in processing. Insufficient justification may result in disapproval of the request. See appendix C for DA Form 4283 instructions.

(3) Provide a courtesy copy to the 18th MEDCOM DSCFAC for requests expected to cost over \$5,000.

(4) Seek assistance on the development of the DA Form 4283 from the DCSFAC, 18th MEDCOM, Engineering Technician, Mr. Ham.

(5) Maintain the facility in compliance with fire protection and fire prevention criteria established by the local Installation Fire Marshall. Fire Prevention inspections and Fire Marshal and Fire Warden Orientation are conducted by the local DPW Fire Prevention and Protection Division.

(6) Monitor custodial services. Inspect the facility for conformance with the Custodial Contract. Maintain a current copy of the custodial contract on file.

(7) Monitor refuse collection and disposal. The local DPW shall be contacted to resolve any problems regarding refuse collection service.

6. Work Order Procedures for CAT 500 Buildings. The Defense Medical Logistics Standard Support (DMLSS), Customer Support on the Web (CSW) will be the primary method for submitting work orders to the Operations and Maintenance (O&M) Contractor. The CSW program allows the building manager to submit work requests to the O&M contractor and track it from start to finish. The building manager can check the status of his work request(s) at any time by opening up the DMLSS CSW program and checking the generated work request. The CSW program also expedites the work request process by reducing the amount of time for the maintenance personnel to reach the problem site and fix said issue.

a. The work request submission process is as follows:

(1) Contact your building manager for submission through the DMLSS CSW program.

(2) If your building manager is unavailable, call the O&M help desk at 736-6058 during regular work hours.

(3) If the issue is found after hours or on a weekend/holiday and is considered life threatening or urgent, contact the O&M emergency hotline at 011-9792-6058.

b. The work request process only applies to building structural issues. Examples are, replacing light bulbs, hanging pictures, adjusting the temperature in the building, fixing water leaks, and repairing broken doors. If there are problems with other systems (i.e. computers, copy machines, telephones) or furniture, contact the building manager or NCOIC to get that issue resolved.

c. If your building or department/service does not have a designated DMLSS CSW work request manager contact the 18th MEDCOM DMLSS Systems Administrator at 736-6063.

d. New building managers, section work request managers, NCOICs, and OIC can request DMLSS CSW access and training by contacting the 18th MEDCOM DMLSS Systems Administrator at 736-6063.

7. Healthcare Facility Project Funding.

a. New work for 18th MEDCOM healthcare facilities (CAT-500 buildings) is funded by several methods. Normally, units will fund projects costing less than \$25K. Projects costing from \$25K to \$300K will be funded by the 18th MEDCOM DCSFAC. The DCSFAC will use the Work Control Committee and a tri-annual Construction Requirements Review Committee to make the determination on construction priorities for projects costing \$25K to \$300K. Projects costing over \$300K will be prioritized using the same process but will be submitted to USAMEDCOM for funding. Procedures and timing for the tri-annual Construction Requirements Review Committee will be published annual under a separate memorandum.

b. Units desiring to fund new work projects greater than \$25K from there operating budget should contact the DCSFAC directly. All project management procedures will remain the same as for centrally funded projects except that the units APC will be charged for the project.

8. Project Management.

a. The DCSFAC will, for any category 500 facilities belonging to the 18th MEDCOM, provide project management oversight for all types of facility construction projects including maintenance and repair, new construction, alterations, and preventative maintenance. This oversight ensures that all projects are designed in accordance with the latest applicable codes, standards and guidelines; conforms with the goals and objectives of the 18th MEDCOM and; maintains a safe and supportive patient care environment. Interim Life Safety Measures will be assessed and an Infection Control Risk Assessment (ICRA), in accordance with Policy Memorandum #53, will be implemented as required.

b. Project management will include at a minimum communication and coordination with the users, design review(s) with the users, pre-construction coordination meetings, quality assurance reviews, and project acceptance inspections. DCSFAC will maintain project management folders that can be accessed by unit personnel as required. See appendix F for project management folder standard requirements and the standard review team that DCSFAC will assemble for project management involvement.

9. **Acquisition Management.** The 121 GH Facility Manager will review all CEEP and MEDCASE requirements to determine utility, space or site preparation requirements and furniture packages for utility and Life Safety code compliance for the 121 GH requirements. For all other units, the DCSFAC will review CEEP and MEDCASE requirements to determine utility, space or site

preparation requirements and furniture packages for utility and Life Safety code compliance.

10. **Space Management.** The Chief of Staff, 18th MEDCOM will review and approve or disapprove recommendations from the tri-annual Space Prioritization Committee for space requirements that exceed relocations, expansions, major modification and space realignment requests based upon both long-range plans and short-term mission accomplishment.

a. The DCSFAC will:

(1) Coordinate the overall management of 18th MEDCOM's space.

(2) Provide advice and assistance to 18th MEDCOM Commander's, Clinic OIC's or Chiefs of departments, divisions or separate services regarding utilization of physical space.

(3) Coordinate management analysis of space issues and Chair the tri-annual Space Prioritization Committee.

(4) Perform required review of proposals related to future construction and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) safety requirements.

(5) Coordinate and obtain cost estimates if alterations or modifications to the existing structure are required.

(6) Maintain records and diagrams of space allocations and monitor assignment of physical space.

(7) Receive and evaluate all requests for assignment, allocation, and modification of physical space.

(8) Develop recommendations for approval.

(9) Reply to the initiator of each request regarding approval or disapproval of the request.

(10) Review all facilities periodically to determine maximum and efficient utilization of space. Identify under-utilized, inefficient, or inappropriate use of space.

(11) Maintain supporting documentation including accession logs, briefings, presentations, and recommendations.

b. Commander's, clinic OIC's, divisions or separate services desiring additional space exceeding their current requirements will prepare an informal memorandum routed through their S-4 and forwarded to the Deputy Chief of Staff, Facilities. See appendix D for 18th MEDCOM controlled space request format. The following criteria should be carefully considered when submitting requests to relocate, expand, realign or modify an existing activity:

(1) Improved patient care.

(2) Reduced cost of operation or increased productivity.

(3) Reduced personnel requirements.

11. **Wall, Door, and Furniture Information Display Policy.** Commanders will ensure that they adhere to the policy of what can be attached or affixed to walls, doors, and furniture. The intent is to insure compliance with applicable fire and safety codes and to preserve wall, door and furniture finishes within the hospital and outlying clinics. See appendix E for the complete wall, door, and furniture information display policy.

12. **Self-help projects.**

a. Self-help projects are only authorized for non-category 500 buildings.

b. Minor routine repairs, in non-category 500 buildings, such as changing light bulbs, painting, fixing hinges, replacing sink stoppers can be performed by the unit utilizing materials drawn against their unit account.

c. If a unit desires to perform a self help project of significant scope, the unit may be required to prepare a Facilities Engineer Work Request, DA Form 4283 and submit it to their local DPW.

13. **Building utility systems & Energy Management Policy.**

a. All Units assigned to the 18th MEDCOM will comply with the Army Energy Program (AR 11-27) and the Eighth United States Army Energy Management Program (EUSA REG 700-1).

b. The 121 GH, 168th ASMB, 52nd MED BN, 16th MEDLOG BN, 618th Dental Company, and the VETCOM will appoint, on orders, an Energy Coordinator. The Energy Coordinator will conduct inspections of the facilities assigned to the Command using EUSA REG 700-1, Appendix B (checklist for

Conservation of Utilities) and will maintain, on file, inspection results and corrective actions taken.

c. The 121 GH, 168th ASMB, 52nd MED BN, 16th MEDLOG BN, 618th Dental Company, and the VETCOM will also assign a building energy monitor, for each building assigned to the command, who will use EUSA REG 700-1, Appendix B (checklist for Conservation of Utilities), to ensure that facilities assigned to the Command are meeting EUSA energy conservation goals.

d. The complete policy on heating of building spaces is contained in EUSA Reg. 700-1, Energy Management.

e. Hot water is not authorized in administrative areas except as required for approved technical processes (SEE EUSA Reg. 700-1).

f. Typically DPW uses April to October as the Cooling Season and November through March as the Heating Season.

14. **Convenience Generators.** Generators serving 18th MEDCOM Troop Medical Clinic's are for "Convenience Only" and do not serve as a required emergency power source. However, outlets that are connected to a convenience generator will be identified with a "yellow" outlet faceplate and marked "Convenience Generator." As free standing business occupancies, 18th MEDCOM Troop Medical Clinic's do not provide sustained life support or contain critical care areas even though patients might be stabilized for transportation to a more acute care setting. Accordingly the "Convenience Generators," serving 18th MEDCOM Troop Medical Clinic's, are tested under the utilities management plan as a normal utility system in lieu of the stringent testing requirements for required generator systems as delineated in NFPA 99 and NFPA 110.

15. **Inventory and Accountability of Real Property.** Major subordinate Commands of the 18th MEDCOM will ensure that Unit/detachment Commander's inventory and sign for Real Property from the Installation Commander. Any shortages detected during the joint inventory require Report of Survey action as described in AR 735-5. Prior to the time of departure of a Unit Commander, the DPW Real Property Branch shall be contacted. A joint inventory can then be scheduled. Each building has a designated use and is listed on real property records under a utilization category code number as described in AR 415-28. The utilization of buildings will not be changed until an approval is obtained from the DPW, in accordance with the procedures contained in USFK Reg. 405-7. If the responsibility for a building has been transferred to another unit this also shall be noted and the DPW shall be advised.

16. Damages to Buildings.

a. Whenever facilities are damaged and it is determined that the damage was due to other than fair wear and tear, appropriate action, as outlined in AR 735-11, shall be initiated by the unit prior to accomplishment of required repairs by the O&M contractor or the DPW. Temporary repairs will be made where safety or security is involved.

b. In the event items of real property are discovered to be lost, damaged, or destroyed due to reasons other than thru normal usage the local DPW and the 18th MEDCOM DCSFAC will be notified prior to replacement of the item, unless safety or security is involved.

c. For existing Non Category 500 buildings, the provision, installation, maintenance, and repair of shelving, counters, bins, and similar items, which are built-in as installed building components, are the local DPW responsibility. All other freestanding items of equipment are normally the responsibility of the using activity. Any repair or replacement of existing casework shall be coordinated with the 18th MEDCOM DCSFAC.

17. **Snow and Ice Removal.** The DPW performs snow and ice control operations during winter months in accordance with procedures outlined in AR 420-74. Building occupants shall remove snow and ice from sidewalks in the vicinity of buildings used for quarters and work locations on a self-help basis.

18. Required Unit References.

- a. MIL STND 1691-F DOD Medical Space Planning Criteria.
- b. AR 40-2 Army Medical Treatment Facilities-General Administration.
- c. AR 11-27, Army Energy Program.
- d. AR 405-70, Utilization of Real Property
- e. AR 415-15, Army Military Construction Program Development and Execution
- f. AR 415-28, Real Property Category Codes.
- g. AR 420-10, Management of Installation Directorates of Public Works.
- h. AR 420-18, Facilities Engineering Materials, Equipment, and Relocatable Building Management.

- i. AR 420-70, Buildings and Structures.
- j. AR 735-5, Policies and Procedures for Property Accountability.
- k. AR 735-11, Property Accountability-Accounting for Lost, Damaged, and Destroyed Property.
- l. DA PAM 415-15, Army Construction Program Development and Execution
- m. DA PAM 415-28, Guide to Army Real Property Category Codes.
- n. DA Pam 420-6, Directorate of Public Works Resource Management System.
- o. DA PAM 420-10, Space Management Guide.
- p. DA Pam 420-11, Project Definition and Work Classification.
- q. TM 5-800-14, Site Planning and Design.
- r. TM 5-610, Preventive Maintenance for Facilities Engineering, Buildings and Structures.
- s. USFK Reg. 405-7, Real Estate-facilities and Areas (Real Estate) Policies and Procedures in Korea.
- t. Eight United States Army PAM 1-201, Command Inspection Checklists.
- u. EAMC REG 11-1.
- v. National Fire Protection Code (NFPA 101), Life Safety Code.
- w. NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films.
- x. NFPA 99 Standard for Health Care Facilities Edition.
- y. Americans with Disability Act Guidelines, (ADAAG).
- z. American Institute of Architects (AIA), Guidelines for Construction and Equipment of Hospitals and Medical Facilities.

APPENDIX A

Operations & Maintenance Contractor Notification Procedures

1. During normal working hours (0700-1600) Monday-Friday, the primary method of notification will be the DMLSS Customer Support Module. If your computer system is down call DSN 736-6058 to reach the O&M Contractor's Work Control Desk. FAX for the O&M is DSN 736-6053.
2. For Off-Duty hours please call hand phone 011-9792-6058. If there is no answer please call Mr. Hong at 017-324-5217 or Mr. Ernie Bonnett at 011-9118-0002.
3. Be prepared to provide the following information:

POST/FACILITY _____

TIME & DATE OF CALL _____

BUILDING NUMBER _____ ROOM NUMBER _____

PERSON MAKING THE CALL _____

POSITION _____

PHONE NUMBER: _____

DESCRIPTION OF PROBLEM:

APPENDIX B

DPW Work Order Status Phone Numbers

DPW	INSTALLATION	PHONE NUMBER	SERVICE ORDERS
20TH SG		768-7111	
	CP WALKER		764-7969
	CP HENRY*		764-7969
	CP CARROLL	765-8430	765-8322
	CP GEORGE		
	CP HIALEAH*	763-7445	763-3196
23RD SG	CP HUMPHREYS*	753-6062	753-6047
34TH SG		724-8951	724-3360
	CP MARKET		
	CP MERCER		
	CP COLBERN		
	K-16		
	YONGSAN*		724-3360
	CP TANGO		
501ST SG		730-3676	
	CP CASEY*		730-6704
	CP CASTLE		
	CP HOVEY		
WESTERN CORRIDOR		734-2986	
	CP EDWARDS		
	CP HOWZE		
	CP GIANT*		
	CP STANTON		
	CP GREAVES		
	CP PELHAM		
COMBINED FIELD ARMY		732-7713	
	CP RED CLOUD*		732-7714
	CP STANLEY		
	CP ESSAYONS		
	CP JACKSON		
	CP LAGUARDIA		
	CP KYLE		
	CP SEARS		
	CP INDIAN		
AREA I EAST		721-5245	
	CP PAGE*		721-5246
	CP LONG		721-3320
* DPW Headquarters			

APPENDIX C

DA FORM 4283, Facilities Engineering Work Request Preparation Instructions

BLOCK 5-13: DPW or Unit Supply

BLOCK 14-19: Building # in which work is to occur.

BLOCK 23-28: Date request is to be submitted.

BLOCK 39-65: Short job description of work to be accomplished, i.e.: install power outlet.

Description and Justification of work to be accomplished:

Describe the work in sufficient detail that its scope and nature can be fully recognized. Include or attach sketches as appropriate. Remember, this is the only document that the DPW has no estimate the scope of the project. BE AS SPECIFIC AS POSSIBLE.

Bad Example: Install electrical outlet in room 4.

Good Example: Install a 220 volt power outlet in room 4 on the North wall, 2 feet from the right edge of the window (see attached sketch). This outlet is required for the installation of the XYZ machine that can only fit into room 4 (see attached copy of vendor spec sheet). Without this machine, XYZ procedures cannot be accomplished. This procedure is currently being contracted out at a cost of \$XXX per month.

Bad Example: Increase lighting in rooms 123, 122, 121, 120, 130, 126. (This description does not describe the type of lighting to be used, the number for each room, and current lighting. There is also no justification.)

Describe What Will Happen if Work is Not Accomplished:

Bad Example: We cannot accomplish our mission without this work.

Good Example: Without this power outlet, we cannot conduct XYZ procedures and must continue to contract the services at a cost of \$XXX per month.

Requester Information: Name and rank, if appropriate, organizational element, telephone number and signature of the requesting official authorized by the DPW to request work. See your local DPW for requirements in authorizing work requests.

Person to Call for Additional Information:

Name, rank organization and telephone number of an individual directly interested and familiar with the work requested.

APPENDIX D

18th MEDCOM Controlled Space Request Format

EAMC-FAC (210-2)

(DATE)

MEMORANDUM FOR Deputy Chief of Staff, Facilities

SUBJECT: Request for Additional Space

1. Requesting activity (unit, clinic, division, separate service, & location):
2. Justification and Impact if not Approved:
3. Using activity:
4. Required date:
5. Point of contact and extension:
6. Type of space requested:
 - a. Administrative.
 - (1) Number of supervisory personnel (director, branch chief, etc.).
 - (a) Title, grade/rank, space allowance:
 - (2) Number of staff or other personnel such as typists, clerks, etc.
 - (a) Title, grade/rank, space allowance
 - (3) Equipment (computers, reproduction equipment, microfiche, central files, etc.).
 - (a) Description of equipment, space allowance
 - (4) Storage of supplies _____ square feet and description of supplies.

b. Storage.

- (1) Type of storage (equipment, supplies, medical, etc.).
- (2) Height requirement for storage area _____ feet.
- (3) Area required _____ square feet.
- (4) Indicate desired location for storage area (basement, warehouse, in-house).

c. Nice-to-have space.

- (1) Conference or meeting room _____ square feet.
- (2) Break area _____ square feet.

d. Other (describe in detail).

7. Temporary or permanent (if temporary indicate time frame) _____ days, weeks, months.

8. Utility, construction, or renovation requirements:

- a. Heat.
- b. Lights.
- c. Water.
- d. Air conditioning.
- e. Other.

9. Communication requirements (type and number of telephone lines: commercial, DSN, long distance, analog; CHCS, LAN, etc.).

10. Special requirements.

11. If requester has a specific area in mind, indicate location or room number(s).
(NOTE: If your request will displace another activity or service, identify the activity or service and recommend a new location for that activity or service.)

12. Attach a layout of the space occupancy proposal. Be as detailed as possible.

13. Costs and funding.

- a. Move (if a contractor is required for the move, provide cost estimate).**
- b. Construction/renovation/utilities (obtain cost estimate from Facilities, Information Management Division, and other appropriate source).**
- c. Funding source (who will fund costs associated with the request).**

14. Area currently assigned to requester:

- a. Building and room number(s).**
- b. Square footage per room.**
- c. Number of personnel in each room (supervisor, other).**
- d. Usage of each room (administrative, clinical, storage, etc.).**
- e. Special use areas in vicinity (conference rooms, storage areas, break areas, classrooms, etc.).**

15. POC and phone number.

Signature Block

APPENDIX E

Wall, Door, and Furniture Information Display Policy Category 500 Facilities

1. **Purpose.** The purpose of this policy is to provide guidance and outline procedures on what can be attached or affixed to walls, doors, and furniture. The intent is to insure compliance with applicable fire and safety codes and to preserve wall, door and furniture finishes within the hospital and outlying clinics.

2. Wall hangings, pictures and signs in public areas.

a. A limited amount of wall hangings/decorations will be permitted in the facility as every perforation into the wall results in costly repairs and potential compromise of the fire rating of the facility. All signs, pictures and wall hangings must be installed IAW the standards written below. Changes to the standards will be processed through the Environment of Care/Safety and Environment of Care Committee.

b. Wall mounted Pictures will be framed.

c. Permanent way finding signs (office, clinic, patient care area location) will be produced using the 18th MEDCOM standard _____ or will be provided through a modular signage package purchased for the facility.

d. Loose pieces of paper will not be attached to the walls.

e. Temporary way-finding signs made of laminated paper may be hung to assist in notifying patients, staff and visitors of changes in location. Posting of informational materials, i.e. observances, parties, items for sale, etc., will be in glass-enclosed bulletin boards in the hallways or on office bulletin boards.

f. Personal diplomas, certificates, pictures are permitted but will be limited to in any individual work area. Consideration of wall repairs/painting required when the office is vacated must be considered.

g. All signage, pictures and bulletin boards will be hung at a standard height. The picture, sign, or bulletin board will be hung so the center of the item is 54" from the floor.

h. Chart racks will be mounted 2" below the wainscoting and 2" away from the door frame. They will NOT be mounted to the door.

i. Items found on the walls that are not mounted IAW with the above criteria will be removed.

j. Work orders to hang items will be submitted through the 18th MEDCOM Operations and Maintenance Contractor.

3. Wall hangings, pictures and signs in personal areas.

- a. All items displayed in the work area must be tasteful for public viewing.
- b. Large items (greater than 5 pounds in weight or more than 2 square feet in area) should be installed by the 18th MEDCOM Operations and Maintenance Contractor. Staff members must contact the O&M Service Desk to place a work order to hang such items.

4. Doors.

- a. Nothing shall be mounted to any doors in the facility without express written permission of the Unit Facility Coordinator or Building Manager.
 - b. Doors shall remain free of holes (the fire rating of the door is compromised by any perforation).
 - c. Doors shall remain free of signs. Way finding signs will be placed 2 inches from the door frame on the open side of the door.
 - d. Doors will not be propped open with any wedge, furniture, etc. Door closing devices will be used on storage rooms, utility rooms, and latrines exiting on an exit corridor and fire exit doors.
5. Questions concerning this policy letter may be addressed to the Deputy Chief of Staff Facilities at 736-7020.

APPENDIX F

Project Management

1. Project Folder Standard. DCSFAC will maintain project folders in hard copy 6-part folders. Folders can be accessed by unit personnel as required.

TAB 1: Work Order Approval

DA Form 4283 - DPW work request form
MEDCOM Form 234r - projects over \$25,000
DA Form 1391 - for MILCON and renewal projects only
DPW Memo granting proprietary approval
Digging Permit
Hot Work Permit

TAB 2: Funding Request

Approved Purchase Request and Commitment (PR&C) - DA Form 3953
Approved MIPR

TAB 3: Procurement

DD Form 1155 Orders for Supplies and Services (Signed Contract)
Memo: Designating the COR, sign and return.
Notice to proceed (if applicable) - based on fixed price

TAB 4: Design

Original Scope of Work
Drawings and floor layouts
Equipment specifications
Contractors Technical Proposals - from each contractor
Modification to awarded contract

TAB 5: Construction Status

ICRA (Infection Control Risk Assessment)
Initial meeting with minutes and sign in roster
Weekly Progress Reports

TAB 6: Acceptance Reports

Pre Final Inspection per phase
Punch List per phase
Final Inspection and acceptance

2. Project Team Requirements. The DCSFAC Project Manager will manage 18th MEDCOM construction projects for category 500 buildings. In general,

representatives from the following offices or stakeholders will be included as part of the project team.

- DCSFAC Project Manager
- Contracting Officers Representative
- Contractor
- Building Manager
- Building / Unit Commander
- Area Fire Chief
- Unit S-4
- Unit Safety Officer
- Unit Infection Control Officer / Nurse
- Unit Information Management Officer
- 18th MEDCOM Safety Officer
- 18th MEDCOM infection control Officer / Nurse
- 18th MEDCOM DCSIM Representative

APPENDIX G

DCSFAC CIP Checklist

MAIN AREAS INSPECTED

The following areas will be inspected in accordance with EAMC REG 11-1, the Installation Status Report (ISR) criteria, and the DCSFAC policies and procedures manual. Clinical areas must conform to Environment of Care Standards as specified by the Joint Commission for the Accreditation of Health Care Organizations (JCAHO). All areas should be clean, in good repair, and safe for all occupants. Noted deficiencies must be recorded in the comments section of this document, or attached as separate findings.

Page 1 of 5

UNIT: DATE OF VISIT: Reviewer's Name & Phone Number:	YES	NO
1. Are the publications referenced in Paragraph #18 on hand or readily accessible:		
Comments:		
ENGINEER PLANS, OPERATIONS, and SERVICES		
2. Has the Unit identified critical construction requirements? (OPLAN 5027, WHNS)		
Comments:		
3. Has the Unit identified facility and infrastructure shortfalls?		
Comments:		
4. Does the Unit understand how to report facility damage?		
Comments:		

FACILITIES PLANNING AND UTILIZATION		YES	NO
5. Does the Unit support and provide input to the Theater Master Plan (TMP) process?			
Comments:			
6. Does the Unit support the installation master planning and construction programming process?			
Comments:			
7. Has the Unit projected future facility and real estate requirements?			
Comments:			
8. Has the Unit identified, sufficiently in advance, changes in equipment and force structure for programming of construction?			
Comments:			
9. Does the Unit properly use facilities? Are Unit facilities used IAW the recorded use of the facility?			
Comments:			
10. Does the unit identify facilities in excess of requirements?			
Comments:			
11. Does the Unit request conversion or diversion of facilities prior to the change in use?			
Comments:			
12. Does the Unit request work on facilities committed for demolition?		YES	NO
Comments:			

FACILITIES ENERGY MANAGEMENT		YES	NO
13. Does the Unit maintain a copy of the latest version of Eight U.S. Army REG 700-1?			
Comments:			
14. Has the Unit appointed an Energy Coordinator on Orders? Is that current appointment order on file?			
Comments:			
15. Is the Energy Coordinator conducting inspections in accordance with Eight U.S. Army REG 700-1 (Appendix B)? Are those inspection reports and corrective actions documented and kept on file?			
Comments:			
16. Does the Energy Coordinator receive training and energy conservation information needed to effectively implement the program?			
Comments:			
17. Has the Unit appointed building energy monitors for each building? Is the list of monitors maintained on file?			
Comments:			
18. Are Energy Monitors using Eight U.S. Army REG 700-1 (Appendix B) to ensure that buildings are in compliance with the energy conservation requirements?			
Comments:			

FACILITIES MANAGEMENT (CATEGORY 500 FACILITIES)	YES	NO
19. Has the Unit appointed a Unit Facility Coordinator on Orders? Is that current appointment order on file?		
Comments:		
20. Has the Unit Facility Coordinator appointed a building manager for each building? Is the building managers list maintained on file?		
Comments:		
21. Does the Building Manager maintain a log of all Service Calls or New Work Requests submitted to the O&M?		
Comments:		
22. Does the Building Manager submit all new work requests to the 18 th MEDCOM DCSFAC?		
Comments:		
23. Does the Building Manager maintain the facility in compliance with local fire protection and fire prevention criteria established by the local Fire Marshall?		
Comments:		
24. Does the Building Manager monitor custodial services?		
Comments:		
25. Does the Building Manger monitor trash collection and pick-up?		
Comments:		

FACILITIES MANAGEMENT (NON-CATEGORY 500 FACILITIES)	YES	NO
26. Has the Unit Facility Coordinator appointed a building manager for each building? Is the list of monitors maintained on file?		
Comments:		
27. Does the Building Manager submit all service orders to the local DPW?		
Comments:		
28. Does the Building Manager prepare all required Facilities Engineering Work Requests (FEWR's), DA Form 4283, for submission to the DPW?		
Comments:		
29. Does the Building Manager maintain a log of all Service Calls or Facilities Engineering Work Requests (FEWR's), DA Form 4283, submitted to the local DPW?		
Comments:		
30. Does the Building manager maintain the facility in compliance with local fire protection and fire prevention criteria established by the local Fire Marshall?		
Comments:		
31. Does the Building Manager monitor custodial services?		
Comments:		
32. Does the Building Manager monitor trash collection and disposal?		
Comments:		
UNIT: DATE OF VISIT: Reviewer's Name & Phone Number:		